



Homeowner and Renter Property Tax Assistance Complaint Form

Use the space below to describe your complaint. Please be as specific as possible. If you need more space, use the back of this form.

YOUR NAME (please print or type)

MAILING ADDRESS

CITY

STATE

ZIP CODE

DAYTIME PHONE
()

SOCIAL SECURITY NO.

Type of assistance you applied for (check one)

☐ Homeowner

☐ Renter

CLAIM AMOUNT

CLAIM YEAR

DATE OF BIRTH

If you want someone to represent you, list that person's name, address, and telephone number below.

NAME OF REPRESENTATIVE

DAYTIME PHONE
()

MAILING ADDRESS

CITY

STATE

ZIP CODE

If you provided information for a representative, have that person sign and date below. If you do not have a representative, you must sign and date.

SIGNATURE

DATE

Mail this form to Franchise Tax Board, PO Box 942886, Sacramento, CA 94286-0904.

Privacy Notice

Reasons for Information Requests – The principal purposes for requesting information are to permit the department to properly respond to property tax and rent assistance claims, other communications, and to determine the validity of claims.

Your Rights – You have the right to see our records that contain your personal information. To obtain information about your records, you may write to: DIRECTOR PROCESSING SERVICES BUREAU, FRANCHISE TAX BOARD MS L170, PO BOX 942840, SACRAMENTO CA 94240-0040, or call: (800) 868-4171 (within the United States).

Your Responsibilities – The California Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance

Programs to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 thru 20646 and the California Code of Regulations pertaining thereto). Individuals required to make claims, statements, or provide other documents shall include their social security number(s) to insure proper identification and to permit processing of the claims (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

Information Disclosure – We may disclose your tax information to the Bureau of U.S. Citizenship and Immigration Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Bureau of State Audits, and Legislative Analyst.

For full text of Franchise Tax Board's Privacy Act Notice, see form FTB 1131-B.